

REQUEST FOR STATEMENT OF DEBTS AND COLLATERAL

Return to Local FmHA Office
(Do not send this form to
Washington, D.C.)

TO: (Name and Address of Creditor)

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I, _____ hereby request the following information as to the status of transaction(s) between us:

1. List debt(s) owed by me to you:	A	B	C	D
Account Number				
Principal Balance	\$	\$	\$	\$
Accrued Interest	\$	\$	\$	\$
Accrual Date				
Total Amount Delinquent	\$	\$	\$	\$
Installment	\$	\$	\$	\$
Installment Due Date				
Date of most Recent Payment				
Interest Rate	%	%	%	%
Daily Interest Accrual	\$	\$	\$	\$
Final Due Date				

Is interest charged on unpaid principal only? ☐ Yes ☐ No If "No," explain.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments, regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction project (OMB No. 0575-0011), Washington, D.C. 20503. Forward to FmHA only.

ALL INFORMATION PROVIDED WILL BE RELEASED TO APPLICANT AT APPLICANT'S REQUEST

2. Indicate the number of years you have known applicant.....

Indicate the number of years you have done business with applicant

3. Describe any collateral for such debt(s):

DEBTS	
A	
B	
C	
D	

4. If you have lien instruments, do they have a future advance clause? ☐ Yes ☐ No

5. If you have lien instruments, do they have an after-acquired property clause? ☐ Yes ☐ No

6. Are you willing to extend, renew or reduce such debt(s)? ☐ Yes ☐ No

If "Yes," amount of principal reduction expected each year \$_____

7. Would you extend additional credit? ☐ Yes ☐ No

8. If you are a financial institution, would you consider extending additional credit with an FmHA guarantee? ☐ Yes ☐ No

9. Please rate applicant's repayment record. ☐ Prompt ☐ Usually prompt ☐ Not prompt

CREDITOR'S REPLY	
This requested information is submitted as of the date shown below.	

<i>(Creditor's Signature)</i>	
Date: _____	
Telephone: _____	_____
<i>(Area Code)</i>	<i>(Number)</i>

Sincerely yours,

(Debtor's Signature)

Date: _____

<p>This certifies that the U.S. Department of Agriculture, acting through FmHA, has complied with the applicable provisions of Title XI, the "Right to Financial Privacy Act of 1978," Public Law 95-630 in seeking financial information regarding the above named applicant.</p>
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